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PTO/SB/22 (07-09)

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|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  | Docket Number (Optional)<br>SON-2895   |                         |
| Application Number<br>10/751,530-Conf. #3306  |  | Filed<br>January 6, 2004   |                         |
| For DATA TRANSMITTING APPARATUS AND DATA TRANSMITTING METHOD  |  |  |                         |
| Art Unit<br>2465  |  | Examiner<br>A. M. Sol  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))  | \$130  | \$65                    |
| <input checked="" type="checkbox"/>   | Second month (37 CFR 1.17(a)(2))   | \$490-130  | \$245                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1110   | \$555                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730   | \$865                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350   | \$1175                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013 |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |  |  |                         |
| I am the  | <input type="checkbox"/>   | applicant/inventor.  |                         |
|   | <input type="checkbox"/>   | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>  | attorney or agent of record. Registration Number 40,290/47,255   |                         |
|   | <input type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
| _____<br>Signature  |  | _____<br>Date  |                         |
| Christopher M. Tobin/Brian K. Dutton<br>Typed or printed name   |  | (202) 955-3750<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |                         |
| <input checked="" type="checkbox"/>   | Total of 1 forms are submitted.  |  |                         |

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